PTO/SB/17 (01-05) Approved for use through 07/31/2008, OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Pepercont Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/549,401 **Application Number** Filing Date September 13, 2005 For FY 2006 First Named Inventor Brian J. Daniels **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT 130.00 Attorney Docket No. H0006041.70974-US METHOD OF PAYMENT (check all that apply) ✓ Check L Credit Card __Money Order None | Other (please identify): ✓ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. Basic filing, Search, and Examination Fees **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Emily Small Entity Small Entity Foo (8) **Application Type** Fee (%) Fees Pald (8) Feo (\$) Fee (8) Faq (8) Foe (\$) Utility 300 150 500 200 250 100 200 Design 100 100 50 130 65 200 Plant 100 300 150 160 80 300 Reissue 150 500 250 600 300 **Provisional** 200 100 0 0 0 EXCESS CLAIM FEES Small Entity Fee (8) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (8) **Multiple Dependent Claims** - 20 or HP = Fee (\$) Fee Paid (8) HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Eqq.(\$) Fee Paid (8) - 3 ar HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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